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CONFIRMATION NO. 9577

<b>SERIAL NUMBER</b> 10/575,569	<b>FILING OR 371(c) DATE</b> 10/24/2006 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3773	<b>ATTORNEY DOCKET NO.</b> 305S-100110US
<b>APPLICANTS</b> David Sretavan, Tiburon, CA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/33784 10/12/2004 which claims benefit of 60/510,788 10/11/2003  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/12/2006</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 35
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 9		
<b>ADDRESS</b> 22798				
<b>TITLE</b> NERVE REPAIR BY SELECTIVE SURGICAL REPAIR OF AXONS				
<b>FILING FEE RECEIVED</b> 1340	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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